EXTENDED TO MAY 15, 2017

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

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<u>A</u>	For t	he 2015 calendar year, or tax year beginning $$	<u>JUN</u> 30,	2016	
В	Check applica	ble:	D Employer	identific	ation number
_		SANTA MONICA COLLEGE ASSOCIATED			
L	lcha				
	Nan Cha	nge Doing business as		95-16	584088
	Initia retu	Number and street (or P.O. box if mail is not delivered to street address) Room/s			
	Fina	1000 DTCO BIND			450-5150
	term	in-	G Gross receipts		394,666
		nded CANTON MONTON CO OO O C			
F	qqA.		H(a) Is this a		
	ltion pend	SAME AS C ABOVE	for subo		
_	T				oluded? Yes No
			ı		ist. (see instructions)
		ite: ► WWW.SMC.EDU/ASSOCIATED STUDENTS	H(c) Group ex		
		of organization: Corporation Trust X Association Other ► L	ear of formation: 1	966 <u>м</u>	State of legal domicile: C2
	art I				
ø	1	Briefly describe the organization's mission or most significant activities: THE AIMS			
Governance		ASSOCIATED STUDENTS SHALL BE TO PROMOTE EDUC	ATIONAL A	DVAN	CEMENT, TO
ž.	2	Check this box if the organization discontinued its operations or disposed of	1914 Fai 25% of it	s net ass	sets.
Š	3	Check this box if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, in the 1b)	neral's Office	3	18
	4	Number of independent voting members of the governing body (Part VI. The 10)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	18
S	5	Total number of individuals employed in calendar year 2015 (Part V. line 2a)	n 2017	5	
įį	6	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	J. 9ZDII		
Activities &		The state of the s		6	
ĕ	, ,	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 Registry of (Charitable	Sio 7a	0.
		Net differated business taxable income from Form 990-1, line 34 Registry of	***************************************	7b	0.
			Prior Year		Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)	416,	751.	394,666.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7sl)	4	124.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	417,1		394,666.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
per	h		700	0.	0.
Ϋ́	17		201		
	10	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	396,2		498,847.
	10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	396,2		498,847.
- SS	19	Revenue less expenses. Subtract line 18 from line 12	20,9		<u>-104,181.</u>
let Assets or und Balances			Beginning of Curren		End of Year
Sse	20	Total assets (Part X, line 16)	<u>3,181,7</u>	118.	3,172,011.
nd A	21	Total liabilities (Part X, line 26)	2,967,2	46.	3,061,719.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20	214,4		110,292.
	art II	Signature Block			
Unde	er pena	alties of perjury, Neclare that I have examined this return, including accompanying schedules and stat	ements, and to the be	est of my	cnowledge and helief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledo	1A.	mornings and bonon, it is
		1 /2 / S	5	2-11	1
Sigr	า	Signature of office	Date	(-11	<u></u>
Her		ROBERT ISOMOTO, VICE PRESIDENT BUSINESS/AI			
	•	Type or print name and title	NITIN		
			Doto		DTIM.
Paid		Print/Type preparer's name CAMBERTARE I CRANGE	Date of	heck] PTIN
		CATHERINE L. GRAY	S	elf-employed	P01294460
	arer	Firm's name VAVRINEK, TRINE, DAY & CO., LLP	Firm's E	IN ▶	95-2648289
Jse	Only	Firm's address 10681 FOOTHILL BLVD SUITE 300			
		RANCHO CUCAMONGA, CA 91730	Phone r	10.909	-466-4410
Иау	the IF	RS discuss this return with the preparer shown above? (see instructions)		<u></u>	
)1 12-1				
	~	- a annual motion for motion, see the separate instructions.			Form 990 (2015)

SANTA MONICA COLLEGE ASSOCIATED STUDENTS

	m 990 (2015)	STUDENTS				9 5	5-1684088	Page 2
Pa	art III Statement of	Program Service	e Accomplishme	ents			<u> </u>	rage Z
			nse or note to any line		11			[37]
1	Briefly describe the orga	nization's mission:	ise of flote to arry line	III UIIS FAIL II	II	***************************************		Х
•			CE OH MITH 3	GGGGTA		~		
	THE AIMS AND	OTAUT ANT	SE OF THE A	SSUCIA	TED STUDE	NTS SHALL	BE TO	
	PROMOTE EDUC	ATIONAL AD	VANCEMENT,	TO PRO	VIDE RESO	URCES AND	GUIDANCE	TO
	STUDENT ORGAL	NIZATIONS,	TO PROMOTE	STUDE	NT RIGHTS	AND PROVI	DE EFFECT	IVE
	REPRESENTATIO	ON OF STUD	<u>ENT INTERES</u>	TS AND	CONCERNS	, TO PROMO	TE A	
2	Did the organization und	ertake any significar	nt program services du	ring the year	which were not li	sted on		
	the prior Form 990 or 990		••••••				□Voo	X No
	If "Yes," describe these r	new services on Sch	nedule O		***************************************		L1es	LA_INO
3				a in haw is				
	Did the organization ceas	se conducting, or me	ake signilicant change:	s in now it co	onducts, any prog	ram services?	Yes	X No
4	Describe the organization	n's program service	accomplishments for e	each of its th	ree largest progra	m services, as mea	sured by expenses	i.
	Section 501(c)(3) and 50	1(c)(4) organizations	are required to report	the amount	of grants and alloc	cations to others, th	ne total expenses, a	and
	revenue, if any, for each	program service rep	orted.				, , ,	
4a	(Code:) (Expense	es\$ 39!	5,292. including gr	rants of \$) (Revenue \$	394	666.)
	THE PROVISION	N OF CO-CUI	RRICULAR ACT	דיידעדייד	S WHICH I	TNUANCE TU		ONT .
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	STUDENT CLUBS	OK THE	STUDENTS OF	SANTA	MONICA CO	DWWUNITY C	:OLLEGE	
								
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С	(Code:) (Expenses	\$	including era	nts of \$		\ /-		
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_	Other program continue (D:	acoribo in Cali	<u> </u>					
	Other program services (De		,					
	Expenses \$	includin	g grants of \$)	
	Total program service expe	nses	395,292.					

Form 990 (2015) STUDENTS Part IV Checklist of Required Schedules

If "Yes," complete Schedule A 1 X				Yes	No				
2 Is the organization required to complete Schedule B, Schedule C Contributors 2 3 Did the organization required in direct or inderce political campaign activities on behalf of or in opposition to candidates for public office? If I*vs.* complete Schedule C, Part I 4 Sections Oft(S) organizations. Did the organization engage in lobbying activities, or have a section 501(f) elocition in effect during the tax year? If I*vs.* complete Schedule C, Part II 5 Is the organization a section 501(c)(e), 501(c)(e), or 501(e), or 501(e)	1	o was a second of to the third than a private foundation)?							
Suctions 01(cg/s) are very complete Schedule C, Part I are Sections 01(cg/s) complete Schedule C, Part I are Sections 01(cg/s) complete Schedule C, Part II are several II are sections 01(cg/s) complete Schedule C, Part II are several II are sections 01(cg/s) complete Schedule C, Part II are several II	2	Is the examination required to associate Octobrilla B.O. J.		X					
public office? If If Yes, * complete Schedule C, Part I Section S01((s)) agrantzations. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If Yes, * complete Schedule C, Part II Siste organization a section 501(o)(s), 501(c)(s), 501(c)(s), or 501(c)(th) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedings 91(9) If Yes, * complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts or such funds or accounts fabrily, serve as a custodian for amounts or to listed in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 10 Part X ine 10 Part X, ine 10 Pa		Did the organization engage in direct as indirect as in direct as in direct as in direct as in d	2		X				
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "ves," complete Schedule C, Part III 5 bit the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part III 6 bit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in collections or whose of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 5 bid the environment, historical management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 1 fit the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consisting, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 1 fit the organization report an amount for investments - organization hold assets in temporarily restricted endorwments, permanent endowments, or quasi-endorwments? If "Yes," complete Schedule D, Part V 1 fit the organization report an amount for investments - organization in Part X, line 16? If "Yes," complete Schedule D, Part V 1 fit the organization report an amount for investments - organization in Part X, line 16? If "Yes," complete Schedule D, Part V 1 fit Did the organization report an amount for organization and part in Part X, line 1	3	public office? If "Yes," complete Schedule C, Part I	3		x				
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt pagetistics assistance							
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," " 18 X	14a								
Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes "Yes "	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business	144						
or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes "		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000							
foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 2a? If "Yes."		or more? If "Yes," complete Schedule F, Parts I and IV	14h		x				
foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes"	15	the digarization report on Part IA, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140						
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 2a? If "Yes."		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x				
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes"	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to							
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 22 If "Yes." 18 X		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	17	bid the organization report a total of more than \$15,000 of expenses for professional fundraising services on Bort IV		-					
1c and 8a? If "Yes," complete Schedule G, Part II 1p Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x				
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 9a? If "You "	18	bid the organization report more than \$15,000 total of fundraising event gross income and contributions on Port VIII lines.							
To see the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 9a2 # "Voc."	4.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	ĺ	x				
complete Schedule G, Part III	19	big the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a2 if "Voc."							
		complete Schedule G, Part III	19		Х				

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Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24¢ d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? _____ 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing-thresholds, conditions, and exceptions): . a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Х 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

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Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Г			
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a)					
b	and the supplication of th	1b)					
С	to t								
	(gambling) winnings to prize winners?			1c					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a)					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax reti	urns?		2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)			- 5				
3a	σ · · · · · · · · · · · · · · · · · · ·			3a		X			
b	, to line ob, provide an explanation in deflecting			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r authori	ty over, a						
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country:			125 San					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	s (FBAR).		l., rêd				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did				İ				
L	any contributions that were not tax deductible as charitable contributions?	• • • • • • • • • • • • • • • • • • • •		6a		X			
D	If "Yes," did the organization include with every solicitation an express statement that such contribu								
7	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).					X			
a	and barries a basis of the strategy as a contribution and barries for doors and services browing to the bayon?								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	o which it was required								
d	to file Form 8282?								
e	If "Yes," indicate the number of Forms 8282 filed during the year	7d _							
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract	?	7e		X			
a.	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont if the organization received a contribution of qualified intellectual property, did the organization file F	ract?		7f		X_			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	orm 889	9 as required?	7g		 -			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ation file	a Form 1098-C?	7h					
	sponsoring organization have excess business holdings at any time during the year?	a by the							
9	Sponsoring organizations maintaining donor advised funds.		,,,	8		-			
а	Did the sponsoring organization make any tayable distributions under coation 4000			Ω-		ĺ			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a					
10	Section 501(c)(7) organizations. Enter:	*******		9b					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			. 187 . 187				
11	Section 501(c)(12) organizations. Enter:	<u></u>							
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b		.					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			i,				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b		1	- 1				
С	⊨nter the amount of reserves on hand	13c							
148	Did the organization receive any payments for indoor tanning services during the tax year?			14a	1	Х			
b	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b					

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Se	ction A. Governing Body and Management								
			Yes	No					
18	Enter the number of voting members of the governing body at the end of the tax year1a18	1		1.00					
	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1583					
k		l i							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
		2	de gardon	х					
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision		-	 ^					
	of officers, directors, or trustees, or key employees to a management company or other person?			•					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	+	X					
A Distallation of the state of									
7a		6	X	-					
•		_							
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	X						
~									
8		7b	X	ļ					
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Janes Asia		i i i i i i i i i i i i i i i i i i i					
a		8a	X_	ļ.,					
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_9		X					
<u> </u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Ina Has the organization provided a complete tepy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			X≒					
12a	5 The state of the	12a	X						
b	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe								
	in Schedule O how this was done	12c	х						
13	bid the diganization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	45-	11	v					
b	Other officers or key employees of the organization	15a	-	<u> </u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		_^					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	40-		v					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	11 1 N N 1 1 1 1	<u> X</u>					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
		i salesa							
Sec	exempt status with respect to such arrangements?	16b							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA								
18									
-	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are for public inspection. Indicate how you made these available. Check all that apply.	/ailabl	е						
	Y Own website								
19	Other (explain in Schedule O)								
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial						
20	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	THE ORGANIZATION - 310-450-5150 1900 PICO BLVD, SANTA MONICA, CA 90405								
	1900 PICO BLVD, SANTA MONTCA CA 90405								

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (D) (F) Position Name and Title Average Reportable Reportable Estimated (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee) week from from related other director (list any the organizations compensation hours for organization (W-2/1099-MISC) from the Highest compensated employee Individual trustee or Institutional trustee related (W-2/1099-MISC) organization organizations and related below organizations line) (1) JESSE RANDEL 5.00 PRESIDENT X 0 0 0. 5.00 (2) JON EADY STUDENT TRUSTEE Х 0 0 0. STEVE MALDONADO 5.00 VICE PRESIDENT X 0 0 0. 5.00 (4) WAVE BASKERVILLE 4.5 SECRETARY Х 0 0 0. 5.00 (5) SAM ROSS BUDGET MANAGEMENT X 0 0 0. ALEXANDRA BRECHENSBAUER 5.00 STUDENT OUTREACH X 0 0 0. 5.00 (7) AICHA CONDE COMMUNITY RELATIONS X 0 0. 0. 5.00 KYMIA MAHJOURI STUDENT ADVOCACY 0 0 0. AMBER WINTER 5.00 ACTIVITIES 0 0 0. (10) KISHORE ATHREYA 5.00 PUBLICITY Х 0 0. 0. (11) HEATHER HARO 5.00 SUSTAINABILITY X 0 0 0. (12) KEVIN PICARD 5.00 ICC CHAIR X 0. 0. 0. 5.00 (13) LAHARI INDRAGANTI ICC VICE CHAIR Х 0 0 0. (14) ISAAC MEDEIROS 5.00 ICC COMMUNICATIONS OFFICER X 0 0 0. (15) MARTHA LINDEN 5.00 INSTRUCTIONAL SUPPORT 0. 0. 0. (16) DANIEL KAITEL 5.00 ICC CHAIR X 0 0 0. (17) ORLANDO GONZALEZ 5.00 ICC VICE CHAIR 0 0

532007 12-16-15

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Section A. Officers, Directors,	rustees, Key En	ibio	<u>yees</u>	, and	d Hi	ighe	st C	ompensated Employe	es (continued)	
(A)	(B) Average			(C	C) ition	1		(D)	(E)	(F)
Name and title	hours per	(do not check more than one box, unless person is both an				than		Reportable compensation	Reportable compensation	Estimated
	week	week officer						from	from related	amount of other
	(list any hours for	or director		i				the	organizations	compensation
	related	b or d	gee			sated	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	truste	nal trus)yee	ошрег		(***2/1099-141130)		organization and related
	below line)	ndividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) KATE LIANG	5.00		Ĕ	5	× .	主も	윤			
ICC COMMUNICATIONS OFFICER	3,00	x						0.	0 .	. 0
		T								
		<u> </u>								
	-	1								
		-								
		1								
		-			_					
							-			
1b Sub-total		<u></u> 1						0.	0.	0.
 Total from continuation sheets to Part 	t VII, Section A)	▶	0.	0.	0.
d Total (add lines 1b and 1c)		·····	<u></u>			<u>)</u>	▶	0.	0.	0.
 Total number of individuals (including but compensation from the organization 	it not limited to th	ose	liste	d ab	ove)) wh	o red	ceived more than \$100,	000 of reportable	_
- Individual of gamzation				-	-			P		Yes No
3 Did the organization list any former offic	er, director, or tru	stee	, key	/ em	ploy	/ee,	or hi	ighest compensated em	nployee on	
line 1a? If "Yes," complete Schedule J fo	r such individual									3 X
4 For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportabl	e co	mpe	nsat	ion a	and	othe	er compensation from the	ne organization	
5 Did any person listed on line 1a receive of	or accrue compen	satio	on fr	om a	env i	<i>une</i> unre	<i>J to</i> i	<i>r such individual</i> d organization or individ	ual for convices	4 X
rendered to the organization? If "Yes," co	omplete Schedule	J fo	or su	ch pe	<u>erso</u>	on		o organization or individ	ual for services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest				-						
 Complete this table for your five highest the organization. Report compensation for 	compensated ind or the calendar ve	eper ear e	nden ndin	ıt coı a wit	ntra th o	ctor: r with	s tha hin t	at received more than \$	100,000 of compens	ation from
(A)				9		*****	T	(B)	edi.	(C)
Name and busine	ss address	NO	NE					Description of ser	rvices C	ompensation
				_		_				
										-
							+			
							T			
Total number of independent contractors	(including but no	t liss:	itod:			Be 4		h>		····
2 Total number of independent contractors \$100,000 of compensation from the orgal	nization	CHAN	ited 1	io th	ose 0	iiste	ed al	pove) who received mor	re than	

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Part VIII Statement of Revenue

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		Check if Schedule O con	itains a respons	e or note to any	line in this Part VIII		···	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants	2 1	a Federated campaigns	1a					
Gra	3	b Membership dues	1b					
ts, (2	c Fundraising events						
Giff.	5	d Related organizations						
S,		e Government grants (contribu	tions) 1e		7			
ţi.	5	f All other contributions, gifts, gran	nts, and					
<u>a</u> 4	[similar amounts not included abo	ove 1f					
Z tr	2	g Noncash contributions included in line	s 1a-1f: \$					
<u>٥</u> ا	5	h Total. Add lines 1a-1f						
Program Service Revenue	2	a ASB MEMBERSHIP	FEES	Business Cod	e 394,666.	394,666.		
		b						
Progra		e						
_	1 '	f All other program service reve						
	1	g Total. Add lines 2a-2f			394,666.			
	3	Investment income (including other similar amounts) Income from investment of ta		>				
	5	Royalties						
	"	rioyanics	(i) Real					9417
	6.	a Gross rents		(ii) Personal				
		b Less: rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss)						
		a Gross amount from sales of	(i) Securities	(ii) Other				
	'	assets other than inventory	(i) occurries	(ii) Other				
	l t	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)				AMAT		
nue	8 a							
Other Revenu		contributions reported on line						
Ξ.	l	Part IV, line 18						
the	b	Less: direct expenses	b					
0	С	A A A A A		>	aro vito assoluti (fil			
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
	b		b					
	С	Net income or (loss) from gam						
	10 a	Gross sales of inventory, less i						The second of th
		and allowances	a					
		Less: cost of goods sold	b					
	С	Net income or (loss) from sales	of inventory					
-		Miscellaneous Revenue	e	Business Code			- i	
İ	11 a						_	
	b							
İ	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions.			394,666.	394,666.	0.	

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Form 990 (2015) STUDENTS

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All c	other organizations must	complete column (A).	
	Check if Schedule O contains a respon	nse or note to any line	in this Part IX		X
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and the desictation to define or garrizations				
	and domestic governments. See Part IV, line 21				
2					
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b					
С	Accounting				
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	(0 11111111111111111111111111111111111	*****			
	column (A) amount, list line 11g expenses on Sch 0.)	65,777	49,333.	16,444.	
12	Advertising and promotion	1,200.	1,200.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,120.	29,340.	9,780.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)				
a	SUPPLIES CHUDENIE A ED	293,355.	220,016.	73,339.	
a	STUDENT AID	81,980.	81,980.		
C اہ	RENTS AND LEASES	14,852.	11,139.	3,713.	
d	EQUIPMENT	1,966.	1,836.	130.	
	All other expenses	597.	448.	149.	
	Total functional expenses. Add lines 1 through 24e	498,847.	395,292.	103,555.	0.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			}	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		ļ		

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Form 990 (2015)

Part X Balance Sheet

STUDENTS

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Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash · non-interest-bearing 1 1,876,853. 1,943,348. 2 Savings and temporary cash investments _____ 1,071,279. 2 1,073,673. Pledges and grants receivable, net 3 Accounts receivable, net 233,124. 154,990. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net _____ 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 462 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______10a **b** Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,181,718. 3,17<u>2,011</u>. 16 Accounts payable and accrued expenses _____ 17 21,110. 17 1,428. Grants payable _____ 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 2,946,136. 25 3,060,291. Total liabilities. Add lines 17 through 25 2,967,246. 26 3,061,719. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. or Fund Balances Unrestricted net assets 27 214,472. 110,292. 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 214,472. 33 110,292. Total liabilities and net assets/fund balances 3,181,718. 34 3,172,011.

	n aau (2015) STODENTS	<u> 95-168</u>	4088	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	394	1.6	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2			47 .
3	Revenue less expenses. Subtract line 2 from line 1	3	-104		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			72.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	• • • • • • • • • • • • • • • • • • • •		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	110	1.29	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
					No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				V.,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:	·			
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ale Audit			
	Act and OMB Circular A-133?		3a		X
b	if res, did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SANTA MONICA COLLEGE ASSOCIATED

Employer identification number

		510	DENIS					95-1684088
Pá	art I	Reason for Public	c Charity Status	(All organizations must	complete	this part.) S	See instructions.	
The	organ	ization is not a private fou	ındation because it is	s: (For lines 1 through 11,	check on	ly one box.)	
1				ation of churches describ				
2		A school described in se	ction 170(b)(1)(A)(ii)). (Attach Schedule E (Fo	rm 990 or	990-FZ))	. 7.6- 7.6-7-	
3				rganization described in			iii\	
4		A medical research organ	nization operated in	conjunction with a hospit	al describ	ed in section		r the beenitelle name
		city, and state:		a and a moopie	ui describ	co ar secul	on motor nation. Ente	r the nospital's name,
5		An organization operated	for the benefit of a	college or university own	od or oper	otad bu a a		7 1 '
•		section 170(b)(1)(A)(iv).		college of drilversity own	ed or ober	ated by a g	jovernmental unit descr	ibea in
6			·					
-	X	A federal, state, or local of	government or gover	nmental unit described in	section	170(b)(1)(A)(v).	
'		An organization that norm	(OI-I B. A.II.)	stantial part of its support	from a go	vernmenta	I unit or from the genera	al public described in
		section 170(b)(1)(A)(vi).						
8	\vdash	A community trust descri	ibed in section 170(i	b)(1)(A)(vi). (Complete Pa	ırt II.)			
9		An organization that norm	nally receives: (1) mo	ore than 33 1/3% of its su	pport fron	n contributi	ons, membership fees,	and gross receipts from
		activities related to its exi	empt functions - sub	ject to certain exceptions	s, and (2) r	no more tha	an 33 1/3% of its suppo	rt from gross investment
		income and unrelated but	siness taxable incon	ne (less section 511 tax) f	rom busin	esses acqu	uired by the organization	after June 30, 1975.
		See section 509(a)(2). (C	Complete Part III.)					
10	\square	An organization organized	d and operated exclu	usively to test for public s	afety. See	section 50	09(a)(4).	
11		An organization organized	d and operated exclu	usively for the benefit of, t	to perform	the function	ons of, or to carry out th	e purposes of one or
		more publicly supported	organizations descril	bed in section 509(a)(1) (or section	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 11a through 11d tha	at describes the type	of supporting organization	on and co	mplete lines	s 11e, 11f, and 11g.	
а	L_	Type I. A supporting or	ganization operated,	supervised, or controlled	d by its su	pported org	ganization(s), typically b	v aivina
		the supported organiza	tion(s) the power to 1	regularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must	complete Part IV, S	Sections A and B.				
þ				ed or controlled in connec	ction with	its supporte	ed organization(s) by h	avina aza
		control or management	of the supporting or	ganization vested in the	same pers	ons that co	ontrol or manage the sui	onorted
		organization(s). You mu	st complete Part IV	/, Sections A and C.			manago ino ou	Sportou
С				ing organization operated	in connec	ction with.	and functionally integrat	ed with
		its supported organizati	on(s) (see instruction	ns). You must complete	Part IV. S	ections A	D and F	ea with,
d		Type III non-functional	lly integrated. A sup	porting organization ope	rated in co	onnection w	with its supported aroan	ization(a)
		that is not functionally in	ntegrated. The organ	nization generally must sa	tisfy a dist	tribution re	quirement and on attent	ization(s)
		requirement (see instruc	ctions). You must co	emplete Part IV, Section	e Δ and D	and Part	yunement and an attent	iveriess
е		Check this box if the ord	anization received a	written determination fro	om the IRS	that it is a	Tuno I Tuno II Tuno III	
		functionally integrated, of	or Type III non-functi	onally integrated support	ina oraani	ization	Type i, Type ii, Type iii	
f	Enter	the number of supported	organizations					
		de the following information		ted organization(s)			•••••	
	(i)	Name of supported	(ii) EIN		(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed	in your document?	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
					103	110		
						-		
								-
otal								
JLOI		•	i .	1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 STUDENTS

Form 990 or 990-EZ) 2015 STUDENTS 95-1684088 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				(2)	(0) = 0.10	(i) rotar
	membership fees received. (Do not						
	include any "unusual grants.")	406,273.	387,928.	399,152.	416.751.	394,666.	2004770.
2	Tax revenues levied for the organ-				,	051,0000	2001770
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	406,273.	387,928.	399,152.	416,751.	394,666.	2004770.
5	The portion of total contributions						2004770
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				REGERELATIV		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2004770.
Sec	ction B. Total Support					<u> </u>	<u> 2004770.</u>
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	406,273.	387,928.	399,152.	416,751.	394,666.	2004770.
8	Gross income from interest,					331/0001	2004770.
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	160.	1,129.	622.	424.	2,394.	4,729.
9	Net income from unrelated business		•		<:->	2/35±0	4,120.
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	75.					75.
11	Total support. Add lines 7 through 10						2009574.
12	Gross receipts from related activities,	etc. (see instruction	ons)		1990/950 N.Y. 1990	12 1	506,216.
13	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth tax	x vear as a section	501(c)(3)	300,210.
	organization, check this box and stop	here					
	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	99.76 %
15	Public support percentage from 2014	Schedule A, Part I	I, line 14			15	%
ıba	33 1/3% support test - 2015. If the o	rganization did not	check the box on	line 13, and line 1-	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				X
D.	oo 1/3% support test - 2014. If the of	rganization did not	check a box on lir	ne 13 or 16a. and I	ine 15 is 33 1/3%	or more check this	e hov
	and stop here. The organization qualif	ies as a publicly su	apported organizat	tion			
11a	10/0 -lacts-and-circumstances test	- 2015. If the orga	nization did not ch	ieck a box on line	13, 16a, or 16b, ar	nd line 14 is 10% o	r more
	and if the organization meets the "fact	s-and-circumstanc	es" test, check thi	s box and stop he	re. Explain in Part	VI how the organi-	zation
	neets the "facts-and-circumstances" t	est. The organizati	on qualifies as a p	ublicly supported	organization		
D	10% -facts-and-circumstances test	 2014. If the orga 	nization did not ch	eck a box on line	13, 16a, 16b, or 17	7a, and line 15 is 1	0% or
ı	nore, and if the organization meets the	e "facts-and-circum	nstances" test, che	ck this box and st	top here. Explain i	n Part VI how the	
(organization meets the "facts-and-circu	ımstances" test. T	he organization gu	alifies as a publich	v supported organ	nization	
8 1	Private foundation. If the organization	did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see instructions	
						lule A (Form 990 o	r 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 STUDENTS

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

36	Chon A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and					10/=3.5	(1) 1010.
	membership fees received. (Do not						
	include any "unusual grants.")						i
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5							
	furnished by a governmental unit to				i		
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(-) 0044	41.0010			T	
	Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income			_			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				 		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain				-		
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
,-	First five years. If the Form 990 is for t						
Sec	check this box and stop here tion C. Computation of Public	. C					
15	Public support percentage for 2015 (lin	e 8, column (f) div	vided by line 13, c	olumn (f))		15	%
16	Oublic support percentage from 2014 S	Schedule A, Part I	II, line 15			16	%
Sec	tion D. Computation of Invest	ment Income	Percentage				
17 I	nvestment income percentage for 201	5 (line 10c, colum	n (f) divided by lin	e 13, column (f))		17	%
18 (nvestment income percentage from 20)14 Schedule A, F	art III, line 17			18	0/-
19a 3	33 1/3% support tests - 2015. If the or	rganization did no	ot check the box o	n line 14, and line	15 is more than 3'	3 1/3% and line 17	is not
r	more than 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly e	innorted organiza	tion	19 1101
b 3	33 1/3% support tests - 2014. If the or	rganization did no	ot check a box on	ine 14 or line 195	and ling 16 is	70 than 20 1/00/	PL
li	ne 18 is not more than 33 1/3%, check	k this box and str	op here. The organ	nization qualifies as	s a nublicity suppo	e man 33 1/3%, ar	iu 🛌
<u>20</u> F	Private foundation. If the organization	did not check a h	ox on line 14 10a	or 19h ahaal +his	s have and a = = : : :	ried Organization	> -
		= = 1.01 OHOUN A D	oz on mo 14, 19a	UL TOD, CHECK THIS	box and see inst	ructions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		i de series	
á	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	а		
	A family member of a person described in (a) above?	b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	С		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			r agas in the
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	-114		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	par I		137-11
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			Lair.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1000
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		22.54	ale e
<u></u>	supervised, or controlled the supporting organization.			
Sec	ction C. Type II Supporting Organizations			т
4	Wars a majority of the superiority	_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	ŀ		
Sec	the supported organization(s). etion D. All Type III Supporting Organizations			L
	All Type III dupporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of potification to the extent and an incident		13.44	i pris
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-+		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		4	din Turi Nasa
	the organization maintained a close and continuous working relationship with the supported organization(s).		The of	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	+		1,1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI, the role the organization's			
	supported organizations played in this regard.			
<u>Sec</u>	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		. :	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	.	- 1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
^	activities but for the organization's involvement. 2b	\perp		
3	Parent of Supported Organizations. Answer (a) and (b) below.			_
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? Provide details in <i>Part VI</i> . Did the organization exercises a substantial degree of direction in the properties of the prop	\perp		
Ŋ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

	edule A (Form 990 or 990-EZ) 2015 STUDENTS		<u> </u>	95-1684088 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must contain the support of	omplete	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	partir!"		
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		- milities - milities s
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by ∜935	6		्र कें.
7_	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally		ted Type III supporting orga	nization (see
	instructions).	, g, u	//Po in ouppoining diga	meation (See

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 STUDENTS 95-1684088 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 2 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: b Ç **d** From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: а b c Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015 STUDENTS	95-1684088	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section (V. Section B. line 1e: Part	C
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

SANTA MONICA COLLEGE ASSOCIATED Name of the organization STUDENTS

Employer identification number 95-1684088

(a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Is or Accounts. Complete if the
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historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	1a			
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the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	2		Curon or other circular and the first	> \$
a Revenue included on Form 990, Part VIII, line 1	-	the following amounts required to be reported under SEAS 111	SUITES, OF OUTIER SIMILAR ASSETS FOR FINANCIA	i gain, provide
b Assets included in Form 990, Part X	а	Revenue included on Form 990. Part VIII line 1	o (MOC 908) relating to these items:	
		Assets included in Form 990 Part X		

Schedule D (Form 990) 2015 STUDENTS 95-1684088 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition а b Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: **Amount** c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (c) Two years back (d) Three years back (e) Four years back (b) Prior year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization bv: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings _____ c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Deelessels	10 112: 000 1 0111 550	, , , , , , , , , , , , , , , , , , , ,	
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art VIII Investments - Program Related.		HERE # 69 (1999)		To State 1. The State 1.
Complete if the organization answered "Yes" o	on Form 990 Part IV lin	0 110 Soo Form 000	D=+1/ / 40	
(a) Description of investment	(b) Book value	(c) Method of	, Part X, line 13.	end-of-year market va
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Schedule D (Form 990) 2015 STUDENTS 95-1684088 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

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Complete if the organization	/h)	Polationahia ha	Form	990, F	art IV, line 25a or 25	b, or Form 990-EZ,	Part V	, line 4	10b.			
(a) Name of disqualified person	(6)	Relationship be person and of	tween	aisqua ation	alified (c) Description of tra	nsacti	ion		(0) Corr	ected'
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Part II Loans to and/or From	m In	terested Per	sons									
Complete if the organizatio					Part V line 39a or l	Form 000 Dark IV II	00					
reported an amount on For	m 990	0. Part X. line 5	6 or 2	2 2	., ratt v, mie oba ori	-omi 990, Part IV, III	ne 26;	or if ti	ne org	aniza	tion	
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Part III Grants or Assistance		_									#: <u></u>	
Complete if the organization	ansv	vered "Yes" on F	orm 9	90, Pa	rt IV, line 27.	_						
(a) Name of interested person	(b) Relationship i	betwe	en	(c) Amount of	(d) Type	of		(e)) Purp	ose of	
		interested pers the organiza		t l	assistance	assistand	ce		` a	assist	ance	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

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JOHNATHON HUGHES

KISHORE ATHREYA

KYMIA MAHIOURI

KEVIN PICARD

Schedule L (Form 990 or 990-EZ) 2015 STUDENTS 95-1684088 Page 2 **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested (e) Sharing of (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS: (A) NAME OF PERSON: AICHA CONDE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 1,000. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: ALEXANDRA BRECHENSBAUER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 1,000. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: AMBER WINTER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 1,000.

Schedule L (Form 990 or 990-EZ) 2015

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

Schedule L (Form 990 or 990-EZ) STUDENTS 95-1684088 Page 2 Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: HEATHER HARO (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 1,000. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: ISAAC N. MEDEIROS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 500. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: JESSE RANDEL (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 100. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: JOHNATHON HUGHES (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 1,000. (D) TYPE OF ASSISTANCE: SCHOLARSHIP

Schedule L (Form 990 or 990-EZ)

532461 04-01-15

Schedule L (Form 990 or 990-EZ) STUDENTS 95-1684088 Page 2 Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: KEVIN PICARD (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 500. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: KISHORE ATHREYA (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 1,000. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: KYMIA MAHIOURI (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 1,000. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: LAHARI INDRAGANTI (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 500. (D) TYPE OF ASSISTANCE: SCHOLARSHIP

Schedule L (Form 990 or 990-EZ)

532461 04-01-15

Schedule L (Form 990 or 990-EZ) STUDENTS 95-1684088 Page 2 Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: SAMUEL ROSS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 1,000. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: DANIEL KAITEL (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 500. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: MARTHA LINDEN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 500. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: STEVE MALDONADO (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 1,000. (D) TYPE OF ASSISTANCE: SCHOLARSHIP

Schedule L (Form 990 or 990-EZ)

532461 04-01-15

Schedule L (Form 990 or 990-EZ) STUDENTS 95-1684088 Page 2 Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: WAVE-ANANDA BASKERVILLE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 1,000. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: ORLANDO GONZALEZ GUDINO (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 500. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: WENLU LIANG (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AS BOARD DIRECTOR (C) AMOUNT OF GRANT \$ 500. (D) TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. SANTA MONICA COLLEGE ASSOCIATED STUDENTS

Employer identification number 95-1684088

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDE RESOURCES AND GUIDANCE TO STUDENT ORGANIZATIONS, TO PROMOTE STUDENT RIGHTS AND PROVIDE EFFECTIVE REPRESENTATION OF STUDENT INTERESTS AND CONCERNS, TO PROMOTE A POSITIVE PUBLIC IMAGE AND TO ENHANCE THE CAMPUS ENVIRONMENT TO INSURE GOOD COMMUNICATION BETWEEN STUDENTS, FACULTY, ADMINISTRATION, AND THE COMMUNITY, TO INFORM STUDENTS OF AVAILABLE RESOURCES AND SERVICES, TO PROMOTE THE DEVELOPMENT OF STUDENT LEADERSHIP AND SERVICE, TO ENCOURAGE GREATER STUDENT INVOLVMENT ON CAMPUS, AND TO SERVE THE BEST INTERESTS OF THE STUDENTS OF SANTA MONICA COLLEGE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POSITIVE PUBLIC IMAGE AND TO ENHANCE THE CAMPUS ENVIRONMENT TO INSURE GOOD COMMUNICATION BETWEEN STUDENTS, FACULTY, ADMINISTRATION, AND THE COMMUNITY, TO INFORM STUDENTS OF AVAILABLE RESOURCES AND SERVICES, TO PROMOTE THE DEVELOPMENT OF STUDENT LEADERSHIP AND SERVICE, TO ENCOURAGE GREATER STUDENT INVOLVMENT ON CAMPUS, AND TO SERVE THE BEST INTERESTS OF THE STUDENTS OF SANTA MONICA COLLEGE.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF THE ASSOCIATED STUDENT BODY ARE THE STUDENTS WHO ATTEND SANTA MONICA COMMUNITY COLLEGE DISTRICT.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS (STUDENTS) OF THE ASSOCIATED STUDENT BODY ELECT THE MEMBERS OF

THE GOVERNING BODY.

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization SANTA MONICA COLLEGE ASSOCIATED **Employer identification number** STUDENTS 95-1684088 FORM 990, PART VI, SECTION A, LINE 7B: CERTAIN DECISIONS BY THE GOVERNING BODY REQUIRE APPROVAL FROM THE ASSOCIATED STUDENT BODY MEMBERS (STUDENTS) FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 FOR THE ASSOCIATED STUDENTS IS PREPARED BY SANTA MONICA COMMUNITY COLLEGE DISTRICT EXTERNAL AUDITORS AMD IS SENT TO AUXILIARY SERVICES. THE DIRECTOR OF AUXILIARY SERVICES REVIEWS THE PREPARED 990 AND SIGNS THE DOCUMENT. THE 990 IS FILED WITH THE APPROPRIATE ENTITIES. A COPY OF THE 990 WILL BE SENT TO THE BOARD OF TRUSTEES IN THE FUTURE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO FILE FORM 700 CONFLICT OF INTEREST ANNUALLY. THE ASSOCIATED STUDENT BODY ALSO ABIDES BY THE SANTA MONICA COMMUNITY COLLEGE DISTRICTS WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS (CONSTITUTION AND BYLAWS) WHICH INCLUDE THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC VIA THE SANTA MONICA COMMUNITY COLLEGE DISTRICT WEBSITE WHICH HOUSES A LINK TO INFORMATION PERTAINING TO ASSOCIATED STUDENTS, (WWW.SMCEDU/ASSOCIATED STUDENTS) OUR FINANCIAL STATEMENTS ARE INCLUDED AS A FIDUCIARY FUND IN THE DISTRICTS STATEMENTS WHICH ARE AVAILABLE AT THE DISTRICT'S WEBSITE AT (WWW.SMCEDU.)

THE FORM 990 IS AVALABLE TO PUBLIC UPON REQUEST AT THE BUSINESS OFFICE

DURING NORMAL BUSINESS HOURS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or

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OMB No. 1545-0047

Attach to Form 990.

Employer identification number Open to Public Inspection 15 95-1684088

> ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. SANTA MONICA COLLEGE ASSOCIATED STUDENTS Name of the organization Department of the Treasury Internal Revenue Service Part

Direct controlling End-of-year assets **(e)** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity <u>a</u>

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

1		ı		1				
(g) Section 512(bX13) controlled entity?	ŝ		×					
Section S cont	Yes							
(f) Direct controlling entity								
(e) Public charity status (if section	((c)(a))		LINE 2					
(d) Exempt Code section			SEC 115					
(c) Legal domicile (state or foreign country)			CALIFORNIA					
(b) Primary activity			COLLEGE DISTRICT					
(a) Name, address, and EIN of related organization	THE PARTY OF THE P	SANTA MONICA COMMUNITY COLLEGE DISTRICT 1900 PICO BLVD	SANTA MONICA, CA 90405					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

532161 09-08-15 LHA

STUDENTS Schedule R (Form 990) 2015

95-1684088 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Code V-UBI General or Peramount in box managing or 20 of Schedule Peramon (Form 1065) Yes No Percentage ownership Ξ Share of end-of-year assets g Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Ō Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত <u>e</u> Legal domicile (state or foreign country) <u>ပ</u> (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>(a</u> 532162 09-08-15 Part IV

Schedule R (Form 990) 2015

STUDENTS Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Page 3

95-1684088

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

× ×× ×× × × × × ×× × × × × × 4 **1**9 유 ပ္ p # 무 무 = Ξ 두 쏮 9 4 = 4 2 (d)Method of determining amount involved Loans or loan guarantees by related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1,509,839. ACTUAL AMOUNT Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Amount involved (b) Transaction type (a-s) ${f m}$ Performance of services or membership or fundraising solicitations by related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) Ø n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) (1) SANTA MONICA COMMUNITY COLLEGE DISTRICT k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 532163 09-08-15 Ō

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95-1684088

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SANTA MONICA COLLEGE ASSOCIATED STUDENTS

Schedule R (Form 990) 2015 STUDENTS

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(6)		Sion for certain line	a condens of the line of the line of the lands.							
Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	Are all	(f) Share of	(a)	(F)	(3)	S	(K)
of entity		(state or foreign country)	excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	tionate allocations?	Usproport Code V-UBI General or Percentage literations amount in box 20 managing ownership of Schedule K-1 partner?	General or managing partner?	Percentage ownership
			/ (FIG 310 GIGGS	Yes No		doodlo	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2015

Part VII Supplemental Information	95-1684088 Page
Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instru	ictions).